

# Los Alamos National Laboratory Employee Profile

## PERSONAL INFORMATION

Z-Number: Name: (Last, First, Middle)

Hire Date:

Work Location:

☐ Los Alamos

☐ Offsite : \_\_\_\_\_

Gender	Date of Birth	Ethnicity	Marital Status	Are you disabled?	Do you need any disability accommodations?	Are you a Special Disabled Veteran?
_____	_____	_____	_____	_____	_____	_____

Citizenship

Spouse's Name (Last, First)

Primary Branch of Military Service

Current Reserve Status

Branch of Reserves

Are you a Vietnam-era Veteran?

Are you a covered Veteran?

Provide date of Active Duty Discharge

### MAILING ADDRESS

Street Address or P. O. Box  
Code/International Code

City/Community

State

Zip

### HOME ADDRESS

Street Address or P. O. Box  
Code/International Code

City/Community

State

Zip

### TELEPHONE NUMBER (S)

Home

Cell

Pager

Other

County of Residence

School District

### EMERGENCY CONTACT INFORMATION

Name	Telephone Number	Street Address	City/Community	State	Zip/Int'l Code
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(H)

(W)

(H)

(W)

### NEAR RELATIVES EMPLOYED BY THE LABORATORY – LANS EMPLOYEES ONLY

Name (PLEASE PRINT)

Z#

Organization

Relationship to you

# Los Alamos National Laboratory Employee Profile Instructions

## GENERAL INSTRUCTIONS FOR COMPLETING YOUR EMPLOYEE PROFILE

This data sheet contains information that HR Division maintains on you as an employee. Please complete all boxes immediately below the questions.

### PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 requires the Los Alamos National Laboratory to provide the following notification to individuals who are asked to supply personal information. The Laboratory requests information on this form for use by various Laboratory organizations for personnel, accounting, and other related administrative purposes. The Division Leader of Human Resources or other Laboratory officials are responsible for maintaining the information contained on this form. University of California policies and Federal and State statutes authorize the maintenance of information. Furnishing the requested information is voluntary, but failure to provide part of the information may result in an inability to complete administrative action necessary to provide your benefits and rights as an employee of the Laboratory. The Laboratory staff responsible for personnel, accounting, and other related purposes might use the information furnished by you. The information may be furnished to third parties, as required by Law. You may review your own records in accordance with Laboratory policy. Information on this policy may be obtained from the Laboratory's Information Practices Coordinator at 667-4515.

<b>GENDER</b>  M – Male F – Female	<b>ETHNICITY</b> Select the code that best identifies your ethnicity  00 – White, not of Hispanic origin 10 – Hispanic 20 – Native American or Alaskan Native 30 – Asian or Pacific Islander 40 – African American, not of Hispanic origin	<b>MARITAL STATUS</b>  M – Married S – Single	<b>ARE YOU DISABLED?</b>  Do you have a disability? Please enter yes or no. If yes, you will be contacted by the EEO Office.	Do you have a disability that requires accommodation in order for you to perform your job? Please enter yes or no. If yes, you will be contacted by the EEO Office.	<b>ARE YOU A SPECIAL DISABLED VETERAN?</b>  Do you have a disability acquired while on active military duty? Please enter yes or no. If yes, you will be contacted by the EEO Office.	
<b>COUNTRY OF CITIZENSHIP</b>  Enter the country of YOUR citizenship.	<b>SPOUSE'S NAME</b>  If married, enter your spouse's first and last name.	<b>PRIMARY BRANCH OF MILITARY SERVICE</b>  Enter the code that best describes your primary branch of military duty.  00 – None 01 – Army 02 – Navy 03 – Air Force 04 – Marines 05 – Coast Guard 06 – National Guard 07 – Merchant Marine 08 – Public Health Service 09 – National Oceanographic & Atmospheric Administration		<b>CURRENT RESERVE SERVICE</b>  Enter the code that best describes your current military reserve status.  00 – None 01 – Active 02 – Inactive	<b>BRANCH OF RESERVES STATUS</b>  Enter the code that best describes your current military reserve affiliation.  00 – None 01 – Army 02 – Navy 03 – Air Force 04 – Marines 05 – Coast Guard 06 – National Guard 07 – Merchant Marine 08 – Public Health Service 09 – National Oceanographic & Atmospheric Administration	
<b>Vietnam-era Veteran Era (02/28/61-05/07/75)</b>		<b>Covered Veteran</b> Please ask for assistance	<b>Provide the MM/YYYY of discharge or release from Active Military Duty</b>			
<b>MAILING ADDRESS</b>  This address should be where you receive your regular mail.			<b>HOME ADDRESS</b>  This address should be where you physically reside.			
<b>COUNTY OF RESIDENCE</b> Questions should be directed to HR-ITDA Group at 665-6502. Select the code that identifies the county in which you live. 020 – Bernalillo    030 – Eddy    130 – McKinley    010 – Santa Fe 280 – Catron    080 – Grant    300 – Mora    210 – Sierra 040 – Chavez    240 – Guadalupe    150 – Otero    250 – Socorro 330 – Cibola    310 – Harding    100 – Quay    200 – Taos 090 – Colfax    230 – Hidalgo    170 – Rio Arriba    220 – Torrence 050 – Curry    060 – Lea    110 – Roosevelt    180 – Union 270 – De Baca    260 – Lincoln    290 – Sandoval    140 – Valencia 070 – Dona Ana    190 – Luna    120 – San Miguel					<b>SCHOOL DISTRICT</b> This will be the same as the county that you reside in, not the county your children attend school.	
<b>EMERGENCY CONTACT INFORMATION</b> List the Name, telephone number, and address of the person(s) you want to be contacted in case of an emergency. It is not assumed that a spouse is the first emergency contact. The Laboratory will contact only the persons listed as emergency contact(s). If you want your spouse to be your first emergency contact, you must list him/her in the designated area.						
<b>NEAR RELATIVES EMPLOYED BY THE LABORATORY</b>  Enter the Z-Number, name and group of the near relatives who are employed by the Laboratory. If you do not know the Z-Number(s), provide the complete name. Enter their relationship to you from the table at the right <i>Please enter relatives who are UC employees only.</i>			<b>RELATIONSHIP TO YOU</b>  01 – Spouse 02 – Son-Nat/Adopted, Step 03 – Son-in-Law 04 – Daughter-Nat/Adopted, Step 05 – Daughter-in-Law 06 – Father-Nat/Adopted, Step 07 – Father-in-Law 08 – Mother-Nat/Adopted, Step 09 – Mother-in-Law 10 – Sister-Nat/Adopted, Step 11 – Sister-in-Law 12 – Brother-Nat/Adopted, Step 13 – Brother-in-Law			